Political Committee REPORT OF RECEIPTS AND DISBURSEMENTS

Initiative Monthly Report

Better Schools Better Jobs	
Name of Committee	OCT 09 2015
Address599 C Steed Road; Ridgeland, MS 39157	Campaign Finance
Telephone 601-898-8875 Fax	Secretary of State
Director Charles Lindsay	
Check here if above is different from previous report	
TYPE OF REPORT	
September, 2015 Monthly Report (due 10 th of following Month)	Mandatory
	uired to terminate reporting pations

IMPORTANT

- (1) A political committee that either receives contributions or makes expenditures in excess of Two Hundred Dollars (\$200.00) shall file financial reports with the Secretary of State.
- An individual person who on his or her own behalf expends in excess of Two Hundred Dollars (\$200.00) for the purpose of influencing the passage or defeat of a measure shall file financial reports with the Secretary of State.
- (3) The financial reports required in this section shall be filed monthly, not later than the tenth day of the month following the month being reported, after a political committee or individual exceeds the contribution or expenditure limits. Financial reports must continue to be filed until all contributions and expenditures cease. In all cases a financial report shall be filed thirty (30) days following the election on a measure.
- The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the last working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

KEI OKTED GONTKIDE	TIONS AND DISDONSE	MICIAIO
Itemized + Non-itemize	d = This Period	Calendar Year-To-Date
Total amount of contributions \$356,785.69 + \$149.31	\$ 356,935.00	\$ 1,649,316.08
Total amount of disbursements \$439,290.35 + \$ 186.56	\$ 439,476.91	\$ 1,571,029.61
Total amount of cash on hand	\$ 78,286.47	
I certify that I have examined this report and to the best of	f my knowledge and belief it is	s true, accurate, and complete.

Signature of Director or Treasurer

Date

Authority: Refer to Miss. Code Ann. §§23-17-49 & 23-17-51 (1972) et. seq. for statutory requirements. Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. 23-15-813 (1972).

SEND TO:

Political Committees and Individuals should return this form to Secretary of State, Elections Division P. O. Box 136 Jackson, MS 39205 Or fax to 601-576-2545

through September 30, 2015

A. Full name		
CSpire	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	(Mid., Day, Year)	- elsumsement this period
5260 I-55 North	<u>9</u> / <u>14</u> / <u>15</u>	\$ 385.52
City, State, Zip Code		
Jackson, MS 39206	//	\$
Purpose of Disbursement (Optional)	Aggregate	
, . <i>,</i>	Aggregate Year-to-date	\$ 3,447.98
B. Full name	Date	Amount of each
Ricoh	(Mo., Day, Year)	disbursement this period
Mailing Address	0 , 114 , 15	
386-A Highland Colony Parkway	9 / 14 / 15	\$ 527.32
City, State, Zip Code	9 / 25 / 15	Φ
Ridgeland, MS 39157	9 / 25 / 15	\$ 485.39
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 9,478.78
C. Full name	Date	America - f
A2Z Printing	(Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	9 / 16 / 15	\$ 6,750.00
5468 N. State Street		Q 0// 30.00
City, State, Zip Code	9 / 29 / 15	\$ 3,780.00
Jackson, MS 39206		,
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 24,389.64
D. Full name	Date	Amount of each
Fortification East, LLC	(Mo., Day, Year)	disbursement this period
Mailing Address	9 / 14 / 15	\$ 416.03
388 Highland Colony Parkway	9 / 14 / 15	\$ 416.03
City, State, Zip Code	9 / 21 / 15	\$ 2,154.00
Ridgeland, MS 39157		φ 4,1.2 7. 00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 22,819.17
E. Full name	Date	Amount of each
Trustmark National Bank	(Mo., Day, Year)	disbursement this period
Mailing Address	9 / 17 / 15	\$ 20.00
Capitol Street		\$ 20.00
City, State, Zip Code	//	\$
Jackson, MS 39201		-
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 40.00
F. Full name	Date	Amount of each
Charles Taylor	(Mo., Day, Year)	disbursement this period
Mailing Address	9 /7 /15	\$ 424.72
4403 Azalea Drive	9 / 7 / 15	Ψ 424./2
City, State, Zip Code	9 / 25 / 15	\$ 330.52
Jackson, MS 39206		Συνυ
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 4,941.06

through September 30, 2015

A. Full name	Date	Amount of each
Budget Office Furniture	(Mo., Day, Year)	disbursement this period
Mailing Address	0 ,11 ,15	Φ 216.00
620 S. State Street	9 / 11 / 15	\$ 216.00
City, State, Zip Code	, ,	\$
Jackson, MS 39202		D
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 216.00
B. Full name	Date	Amount of each
Integrity Partners	(Mo., Day, Year)	disbursement this period
Mailing Address		-
6561 Scaup Street	9 / 15 / 15	\$ 7,500.00
City, State, Zip Code		
Carlsbad, CA 92011	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 30,000.00
C. Full name	Date	Amount of each
USPO	(Mo., Day, Year)	disbursement this period
Mailing Address	9 / 14 / 15	\$ 140.00
City, State, Zip Code	, ,	· ·
Jackson, MS 39201		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 207.00
D. Full name	Date	Amount of each
SKD	(Mo., Day, Year)	disbursement this period
Mailing Address	9 / 1 / 15	£ 40.040.00
1150 18th Street	9 / 1 / 15	\$ 19,060.00
City, State, Zip Code	9 / 17 / 15	Ф. 244.227.02
Washington, DC 20036		\$ 241,335.22
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 317,483.53
E. Full name	Date	Amount of each
Sloan Toler	(Mo., Day, Year)	disbursement this period
Mailing Address	9 / 14 / 15	Φ
4055 Eastwood Drive	9 / 14 / 15	\$ 305.60
City, State, Zip Code	, ,	\$
Jackson, MS 39211		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,494.98
F. Full name	Date	Amount of each
Patsy Brumfield	(Mo., Day, Year)	disbursement this period
Mailing Address		
924 Poplar Boulevard	9 / 14 / 15	\$ 164.00
City, State, Zip Code	l ,	Ф
Jackson, MS 39202	//	\$

through September 30, 2015

A. Full name		T
Hederman Brothers	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		a porioc
500 Steed Road	9 / 8 / 15	\$ 1,131.84
City, State, Zip Code		Φ.
Ridgeland, MS 39157	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 8,712.77
B. Full name	Date	Amount of each
Mack-Sumner Communications, LLC	(Mo., Day, Year)	disbursement this period
Mailing Address	0 0 15	
2001 N. Beauregard St., #420	9 / 8 / 15	\$ 2,368.31
City, State, Zip Code	, ,	•
Alexandria, VA 22311		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2,368.31
C. Full name	Date	Amount of each
Rickey Gray	(Mo., Day, Year)	disbursement this period
Mailing Address	0 11 15	
103 Keystone Place	9 / 11 / 15	\$ 290.23
City, State, Zip Code	, ,	¢.
Brandon, MS 39042		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 5,522.24
D. Full name	Date	Amount of each
Blue Labs	(Mo., Day, Year)	disbursement this period
Mailing Address	9 , 15 , 15	Ø
700- 14th Street	9 / 15 / 15	\$ 5,000.00
City, State, Zip Code	, ,	0
Washington, DC 20005		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 79,900.00
E. Full name	Date	Amount of each
Berger Hirschbert Strategies	(Mo., Day, Year)	disbursement this period
Mailing Address	9 / 15 / 15	Ф
1010 Vermont Avenue, NW	9 / 15 / 15	\$ 7,723.99
City, State, Zip Code		\$
Washington, DC 20005	//	Ψ
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 34,568.84
F. Full name	Date	Amount of each
Nancy Kohn Consulting, LLC	(Mo., Day, Year)	disbursement this period
Mailing Address	0 /15 /15	¢ 7,500,00
101 W. Grand	9 / 15 / 15	\$ 7,500.00
City, State, Zip Code	, ,	•
Chicago, IL 60654	/	\$
Purpose of Disbursement (Optional)	Aggregate	\$ 22,500.00

_ through _September 30, 2015

A. Full name		T .
Jennifer Johnson	Date (Mo_Day_Year)	Amount of each disbursement this period
Mailing Address	, ind., hay, leat,	- USUNGSHARIN WIE PONOG
6650 Rivers Avenue	9 / 1 / 15	\$ 3,750.00
City, State, Zip Code		
Charleston, SC 29406	//	\$
Purpose of Disbursement (Optional)		
,	Aggregate Year-to-date	\$ 6,004.96
B. Full name	Date	Amount of each
Rana Mitchell	(Mo., Day, Year)	disbursement this period
Mailing Address	0 10 15	-
4891 MS Highway 9	9 / 8 / 15	\$ 1,500.00
City, State, Zip Code		
Eupora, MS 39744	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 3,500.00
C. Full name		
The Feldman Group	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	9 /4 / 15	\$ 28,489.33
508-8th Street	9 / 4 / 15	⊅ 28,489.33
City, State, Zip Code	9 / 21 / 15	\$ 14,244.67
Washington, DC 20003		Ψ 14,244.07
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 134,598.38
D. Full name	Date	Amount of each
K. C. Grist Consulting	(Mo., Day, Year)	disbursement this period
Mailing Address	9 /1 /15	Φ
1800 W. Main Street	9 / 1 / 15	\$ 337.82
City, State, Zip Code		
Tupelo, MS 38801		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 801.81
E. Full name	Date	Amount of each
Signs First Metro	(Mo., Day, Year)	disbursement this period
Mailing Address	9 / 4 / 15	Φ
5020 Highway 80 East	$\frac{9}{2} / \frac{4}{4} / \frac{15}{15}$	\$ 1,091.40
City, State, Zip Code	9 / 25 / 15	\$ 1,091.40
Pearl, MS 39208	<u> </u>	φ 1,091.40
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 10,603.86
F. Full name	Date	Amount of each
Office Depot	(Mo., Day, Year)	disbursement this period
Mailing Address		
1053 E. County Line Road	$\frac{9}{100} / \frac{3}{100} / \frac{15}{100}$	\$ 16.01
City, State, Zip Code		
Jackson, MS 39211	9 / 24 / 15	\$ 180.73
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,071.33

through September 30, 2015

A. Full name		
Blake Case	Date (Mo., Dav. Year)	Amount of each disbursement this period
Mailing Address	(Men Bay, Tear)	dispuisement mis period
146 Belaire Drive	9 / 1 / 15	\$ 500.00
City, State, Zip Code		_
Pearl, MS 39208	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 3,137.90
B. Full name	Date	Amount of each
Christie Yoste	(Mo., Day, Year)	disbursement this period
Mailing Address	0 . 1 . 15	_
1514 19th Avenue	9 / 1 / 15	\$ 180.00
City, State, Zip Code		
Gulfport, MS 39501	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 180.00
C. Full name	Date	Amount of each
Jarrius Adams	(Mo., Day, Year)	disbursement this period
Mailing Address		
107 Northwest Circle	9 / 1 / 15	\$ 1,000.00
City, State, Zip Code	0 , 2 , 15	
Hattiesburg, MS 39401	9 / 3 / 15	\$ 1,500.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 5,000.00
D. Full name	Date	Amount of each
Drew Schimmell	(Mo., Day, Year)	disbursement this period
Mailing Address	9 / 1 / 15	Φ =====
249 Eastbrooke	9 / 1 / 15	\$ 557.00
City, State, Zip Code		0
Jackson, MS 39216		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,173.82
E. Full name	Date	Amount of each
Marlin Strategies	(Mo., Day, Year)	disbursement this period
Mailing Address	9 /1 /15	Φ
1331 S. Eads Street	$\frac{9}{1} / \frac{1}{1} / \frac{15}{15}$	\$ 1,244.09
City, State, Zip Code	, ,	\$
Arlington, VA 22202		Ф
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2,460.95
F. Full name	Date	Amount of each
Michael Morris	(Mo., Day, Year)	disbursement this period
Mailing Address		
6707 George Washington Drive	9 / 22 / 15	\$ 92.50
City, State, Zip Code	0 125 145	Ø 105.50
Jackson, MS 39208	9 / 25 / 15	\$ 125.50
Purpose of Disbursement (Optional)	Aggregate	\$ 1,937.80

through September 30, 2015

A. Full name		T
JURU, LLC	Date (Mo Dav. Year)	Amount of each disbursement this period
Mailing Address		dispusement ms period
P. O. Box	9 / 21 / 15	\$ 199.95
City, State, Zip Code		
Jackson, MS 39235	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 4,194.21
B. Full name	Date	Amount of each
Arnold and Porter	(Mo., Day, Year)	disbursement this period
Mailing Address	0 .01	
P. O.Box 759541	9 / 21 / 15	\$ 331.20
City, State, Zip Code		
Baltimore, MD 21225	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 5,382.00
C. Full name	Date	Amount of each
Conja Rule	(Mo., Day, Year)	disbursement this period
Mailing Address		
207 Pebblebrook Drive	9 / 25 / 15	\$ 200.00
City, State, Zip Code	1	Ф
Clinton, MS 39056	//_1	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 200.00
D. Full name	Date	Amount of each
Wholesale Service Center	(Mo., Day, Year)	disbursement this period
Mailing Address	9 / 20 / 15	Ф
7300 Turfway Drive	9 / 30 / 15	\$ 73,238.28
City, State, Zip Code		
Florence, KY 41042	/	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 586,125.93
E. Full name	Date	Amount of each
Deluxe Check	(Mo., Day, Year)	disbursement this period
Mailing Address	0 / 25 / 15	0
P. O. Box 64668	9 / 25 / 15	\$ 273.20
City, State, Zip Code	, ,	\$
St. Paul, MN 55164	/	Ф
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 389.75
F. Full name	Date	Amount of each
Comcast	(Mo., Day, Year)	disbursement this period
Mailing Address	0 /25 /15	
5355 I-55 North	9 / 25 / 15	\$ 280.19
City, State, Zip Code		ф
Jackson, MS 39206	/	\$
Purpose of Disbursement (Optional)		

through September 30, 2015

A. Full name		
Capital Locks	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
P. O. Box 2526	9 / 29 / 15	\$ 155.69
City, State, Zip Code		6
Madison, MS 39130		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 155.69
B. Full name	Date	Amount of each
Michael Rejebian	(Mo., Day, Year)	disbursement this period
Mailing Address		
120 N. Congress Street	9 / 25 / 15	\$ 125.00
City, State, Zip Code		
Jackson, MS 39201	9 / 29 / 15	\$ 77.66
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,361.66
C. Full name	Date	Amount of each
VBR Design	(Mo., Day, Year)	disbursement this period
Mailing Address	9 / 29 / 15	\$ 500.00
216 Highland Garrison		7 335,33
City, State, Zip Code	/ / 1	\$
Ridgeland, MS 39157		4
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 3,025.00
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	\$
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	\$
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	\$
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Page	1	of	2

Name of Candidate or Committee	Better Schools Better Jobs
Reporting period September 1, 2015	through September 30,2015

ITEMIZED RECEIPTS

A. Source: Corporation PAC V Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt
Full name		this period
Dr. Selika Sweet	9 / 11 / 15	\$ 272.82
Mailing Address		
670 Country Place Drive	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$ [
City, State, Zip Code		
Pearl, MS 39208		\$
Name of Employer (Required)		A P
Self		\$
Occupation (Required)	Aggregate	\$ 972,82
Physician	year–to-date	\$ 972.82
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	9 / 16 / 15	\$ 316.512.87
New Venture Fund		\$ 316,512.87
Mailing Address		\$
1201 Connecticut Avenue, N.W.		Ψ L
City, State, Zip Code		¢ [
Washington, D.C. 20036	<u>L</u> / <u>L</u>	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ 1,126,623.
	year–to-date	Ψ 1,120,023.
1	year-to-date	
C. Source Corporation PAC Individual Loan		Amount of each
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full name Janet Ott	Date (Mo., Day, Year)	receipt
Other (please specify) Full name Janet Ott Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full name Janet Ott Mailing Address 1200 Meadowbrook Road	Date (Mo., Day, Year)	receipt this period \$ 20,000.00
Other (please specify) Full name Janet Ott Mailing Address 1200 Meadowbrook Road City, State, Zip Code	Date (Mo., Day, Year)	receipt this period \$ 20,000.00
Other (please specify) Full name Janet Ott Mailing Address 1200 Meadowbrook Road City, State, Zip Code Jackson, MS 39206	Date (Mo., Day, Year)	receipt this period \$ 20,000.00 \$ [
Other (please specify) Full name Janet Ott Mailing Address 1200 Meadowbrook Road City, State, Zip Code	Date (Mo., Day, Year)	receipt this period \$ 20,000.00
Other (please specify) Full name Janet Ott Mailing Address 1200 Meadowbrook Road City, State, Zip Code Jackson, MS 39206 Name of Employer (Required) Ott Farms Occupation (Required)	Date (Mo., Day, Year) 9 / 1 / 15 1 / 1 / 1	receipt this period \$ 20,000.00 \$
Other (please specify) Full name Janet Ott Mailing Address 1200 Meadowbrook Road City, State, Zip Code Jackson, MS 39206 Name of Employer (Required) Ott Farms Occupation (Required) Owner	Date (Mo., Day, Year) 9 / 1 / 15 1 / 1	receipt this period \$ 20,000.00 \$ [
Other (please specify) Full name Janet Ott Mailing Address 1200 Meadowbrook Road City, State, Zip Code Jackson, MS 39206 Name of Employer (Required) Ott Farms Occupation (Required)	Date (Mo., Day, Year) 9 / 1 / 15 1 / 1 / 15 Aggregate year-to-date	receipt this period \$ 20,000.00 \$ [\$ [\$ 20,000.00
Other (please specify) Full name Janet Ott Mailing Address 1200 Meadowbrook Road City, State, Zip Code Jackson, MS 39206 Name of Employer (Required) Ott Farms Occupation (Required) Owner	Date (Mo., Day, Year) 9 / 1 / 15 1 / 1 / 1 Aggregate	receipt this period \$ 20,000.00 \$
Other (please specify) Full name Janet Ott Mailing Address 1200 Meadowbrook Road City, State, Zip Code Jackson, MS 39206 Name of Employer (Required) Ott Farms Occupation (Required) Owner D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 9	receipt this period \$ 20,000.00 \$
Other (please specify) Full name Janet Ott Mailing Address 1200 Meadowbrook Road City, State, Zip Code Jackson, MS 39206 Name of Employer (Required) Ott Farms Occupation (Required) Owner D. Source: Corporation PAC Individual Loan Other (please specify) Full name Claire Silberman	Date (Mo., Day, Year) 9 / 1 / 15 1 / 1 / 15 Aggregate year-to-date Date	receipt this period \$ 20,000.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Janet Ott Mailing Address 1200 Meadowbrook Road City, State, Zip Code Jackson, MS 39206 Name of Employer (Required) Ott Farms Occupation (Required) Owner D. Source: Corporation PAC Individual Loan Other (please specify) Full name Claire Silberman Mailing Address	Date (Mo., Day, Year) 9	receipt this period \$ 20,000.00 \$ 20,000.00 \$ 20,000.00 Amount of each receipt this period \$ 5,000.00
Other (please specify) Full name Janet Ott Mailing Address 1200 Meadowbrook Road City, State, Zip Code Jackson, MS 39206 Name of Employer (Required) Ott Farms Occupation (Required) Owner D. Source: Corporation PAC V Individual Loan Other (please specify) Full name Claire Silberman Mailing Address 360 Furman Street	Date (Mo., Day, Year) 9	receipt this period \$ 20,000.00 \$
Other (please specify) Full name Janet Ott Mailing Address 1200 Meadowbrook Road City, State, Zip Code Jackson, MS 39206 Name of Employer (Required) Ott Farms Occupation (Required) Owner D. Source: Corporation PAC Individual Loan Other (please specify) Full name Claire Silberman Mailing Address	Date (Mo., Day, Year) 9	receipt this period \$ 20,000.00 \$ 20,000.00 \$ 20,000.00 Amount of each receipt this period \$ 5,000.00
Other (please specify) Full name Janet Ott Mailing Address 1200 Meadowbrook Road City, State, Zip Code Jackson, MS 39206 Name of Employer (Required) Ott Farms Occupation (Required) Owner D. Source: Corporation PAC Individual Loan Other (please specify) Full name Claire Silberman Mailing Address 360 Furman Street City, State, Zip Code Chicago, IL 60614	Date (Mo., Day, Year) 9	receipt this period \$ 20,000.00 \$
Other (please specify) Full name Janet Ott Mailing Address 1200 Meadowbrook Road City, State, Zip Code Jackson, MS 39206 Name of Employer (Required) Ott Farms Occupation (Required) Owner D. Source: Corporation PAC Individual Loan Other (please specify) Full name Claire Silberman Mailing Address 360 Furman Street City, State, Zip Code	Date (Mo., Day, Year) 9	receipt this period \$ 20,000.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Janet Ott Mailing Address 1200 Meadowbrook Road City, State, Zip Code Jackson, MS 39206 Name of Employer (Required) Ott Farms Occupation (Required) Owner D. Source: Corporation PAC Individual Loan Other (please specify) Full name Claire Silberman Mailing Address 360 Furman Street City, State, Zip Code Chicago, IL 60614 Name of Employer (Required)	Date (Mo., Day, Year) 9	receipt this period \$ 20,000.00 \$

Раде	2	οf	2
rage		01	1-

Name of Candidate or Committee	Better Schools Better Jobs
Reporting period September 1, 2015	through September 30,2015

ITEMIZED RECEIPTS

A. Source: Corporation PAC V Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(, =)	this period
Full name Wynn Alexander	9 / 4 / 15	\$ 15,000.00
Mailing Address		7 1.5/000.00
		\$
P. O. Box 670		*
City, State, Zip Code		\$
Wiggins, MS 39577		Ψ [
Name of Employer (Required)		¢ -
DeSoto Land and Timber Company		\$
Occupation (Required)	Aggregate	\$ 15,000.00
Owner	year-to-date	\$ 15,000.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name		A
		\$
Mailing Address		
		\$
City, State, Zip Code	\square I \square I \square	\$
Name of Employer (Required)	$\square_I \square_I \square$	\$
0 (0)		
Occupation (Required)	Aggregate	A .
Occupation (Required)	Aggregate year–to-date	\$
C. Source Corporation PAC Individual Loan	year-to-date	
		Amount of each receipt this period
C. Source Corporation PAC Individual Loan	year–to-date Date	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify)	year–to-date Date	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name	year–to-date Date	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name	year–to-date Date	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address	year–to-date Date	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code	year–to-date Date	Amount of each receipt this period \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required)	year–to-date Date	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required)	year-to-date Date (Mo., Day, Year) / / / / / / / Aggregate year-to-date	Amount of each receipt this period \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year) / / / / / / / Aggregate	Amount of each receipt this period \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan	year-to-date Date (Mo., Day, Year) / / / / / / / Aggregate year-to-date Date	Amount of each receipt this period \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year) / / / / / / / Aggregate year-to-date Date	Amount of each receipt this period \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year) / / / / / / / Aggregate year-to-date Date	Amount of each receipt this period \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address	year-to-date Date (Mo., Day, Year) / / / / / / / Aggregate year-to-date Date	Amount of each receipt this period \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year) / / / / / / / Aggregate year-to-date Date	Amount of each receipt this period \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code	year-to-date Date (Mo., Day, Year) / / / / / / / Aggregate year-to-date Date	Amount of each receipt this period \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address	year-to-date Date (Mo., Day, Year) / / / / / / / Aggregate year-to-date Date	Amount of each receipt this period \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code	year-to-date Date (Mo., Day, Year) / / / / / / / Aggregate year-to-date Date	Amount of each receipt this period \$